

**COMPREHENSIVE PERINATAL SERVICES PROGRAM
INDIVIDUALIZED CARE PLAN**

(Print)

Case Coordinator's Name _____

Provider's Medi-Cal # _____

DATE	STRENGTHS IDENTIFIED/SUPPORT AVAILABLE		PATIENT'S STAMP	
	Gravida _____ Para _____ EDC _____			
DATE	(re)assessment PRIORITIZED PROBLEM/NEED RISK CONDITIONS	INTERVENTION PLANNED (outcome objectives, methods, time frame, referrals, person responsible) For: OBSTETRIC, NUTRITION, PSYCHOSOCIAL, HEALTH EDUCATION	EVALUATION date/outcome	
		WIC REFERRAL _____		
		Prenatal Vitamins Prescribed/Dispensed: Date _____ Quantity _____ Date _____ Quantity _____ Date _____ Quantity _____		

SAMPLE STRENGTHS LIST

- | | | |
|--------------------------------------|--|---|
| 1. High school education | 8. Financially stable | 14. Ability to comprehend and make decisions |
| 2. Support system | 9. Adequate transportation | |
| 3. Motivated | 10. Adequate food | |
| 4. Emotionally stable | 11. Refrigerator/stove | 15. Interest/willingness to participate in individual/group classes |
| 5. Wanted/accepted/planned pregnancy | 12. Ability to cope | |
| 6. Adequate shelter/clothing | 13. Experience/knowledge of pregnancy/delivery/infant care/parenting | |
| 7. Employed | | |

SAMPLE PROBLEMS LIST

Obstetrical

- | | | | |
|-----|--|-----|---|
| 1. | Hx. of C-Section/Urine Surgery | 20. | Chronic renal disease |
| 2. | Hx. of Incompetent Cervix | 21. | GI disorders |
| 3. | Hx. of <2500 gram infant | 22. | Seizure disorder |
| 4. | Hx. of >4000 gram infant | 23. | Hypo/Hyperthyroid |
| 5. | Hx. of Stillbirth | 24. | Pulmonary Disease/TB |
| 6. | Hx. of Preterm birth (<36 weeks)
Or SGA (Wt: _____) | 25. | Hepatitis B (date pos.
test _____) |
| 7. | Hx. of neonatal death | 26. | Dysplasia/GYN malignancy |
| 8. | Hx. of abnormal infant | 27. | Anemia/Hemoglobinopathy |
| 9. | Hx. of DES exposure | 28. | Multiple gestation |
| 10. | Hx. of hospitalization(s) | 29. | Rh hemolytic disease |
| 11. | Preg. Interval <1 year | 30. | HIV risk |
| 12. | Genetic risk | 31. | STD: _____ |
| 13. | Hypertension/chronic | | |
| 14. | Pregnancy induced hypertension | 32. | Vaginal bleeding started
@ _____ weeks |
| 15. | Cardiovascular disorders | 33. | Substance use/abuse
_____ |
| 16. | Diabetes, pre-existing, Type 1 | | Alcohol (_____ |
| 17. | Diabetes, pre-existing, Type 2 | | drinks/week) |
| 18. | Diabetes, gestational this pregnancy | | Cigarettes (_____ |
| 19. | Hx. gestational diabetes (insulin/diet
controlled) | | cigs/day) |
| | | | Illicit drug(s)

_____ |

Nutrition

- | | | | |
|----|--|-----|----------------------------------|
| 1. | Anemia | 10. | Less than 3 years since menarche |
| 2. | Hypovolemia | 11. | High parity |
| 3. | Abnormal glucose | 12. | Short interpregnancy interval |
| 4. | Previous obstetrical complications | 13. | Currently breast feeding |
| 5. | Underweight (<90% desirable wt.) | 14. | Low income |
| 6. | Moderately overweight (>120% desirable wt.) | 15. | Substance Abuse |
| 7. | Very overweight (>135% desirable wt.) | | OTC medicine |
| 8. | Inadequate wt. Gain during pregnancy | | _____ |
| 9. | Excessive wt. gain during pregnancy
(>6.5 lbs./month) | | Vitamin/min. supplement |
| | | | _____ |
| | | | Caffeine |
| | | | _____ |

**COMPREHENSIVE PERINATAL SERVICES PROGRAM
INDIVIDUALIZED CARE PLAN (continued)**

(Print)

Patient's Name _____

Patient's Medi-Cal I.D. # _____

DATE	(re)assessment PRIORITIZED PROBLEM/NEED RISK CONDITIONS	INTERVENTION PLANNED (outcome objectives, methods, time frame, referrals, person responsible) For: OBSTETRIC, NUTRITION, PSYCHOSOCIAL, HEALTH EDUCATION	EVALUATION date/outcome

PERINATAL EDUCATION CLASSES

Date	Date	Date
<u>Referred</u> <u>Attended</u>	<u>Referred</u> <u>Attended</u>	<u>Referred</u> <u>Attended</u>
Anatomy/Physiology of Preg.	Childbirth Education	Family Planning
Coping w/Discomforts of Preg.	Parenting Skills	Nutrition
Substance use during Preg.	Infant Health Care/	Other
Infant Feeding	Safety	Other

This Care Plan was Developed in Consultation with the Patient

Case Coordinator Signature and Date

Supervising Physician Signature
and Date

SAMPLE PROBLEMS LIST

Psychosocial

- | | |
|--|---|
| <p>34. Excessive worries/fears regarding damage to self during pregnancy; fears related to fetus; fear of dying during labor; fears of inability to parent; etc.</p> <p>35. Extreme difficulty or resistance to complying with medical recommendations or restrictions.</p> <p>36. Severe emotional problems.</p> <p>37. Previous pregnancy loss; fetal demise, TAB, SAB, miscarriage, etc.</p> <p>38. Pregnancy complicated by detection of fetal anomaly.</p> <p>39. Previous psychological history of depression, suicidality; psychosis, hospitalization.</p> <p>40. History or current indication of domestic violence.</p> | <p>41. Frequent somatic complaints for which no diagnosis can be found.</p> <p>42. <i>Excessive</i> difficulty coping with crisis that interfere with self care.</p> <p>43. Ambivalence, rejection, or denial of pregnancy after 20 weeks gestation.</p> <p>44. Perception that pregnancy will cause the mother permanent physical harm or damage.</p> <p>45. <i>Unrealistic</i> positive or negative feelings about pregnancy/motherhood/parenthood.</p> <p>46. Lack of resources to assist in maximizing pregnancy, labor and delivery, and parenting (e.g., lack of financial resources, medical insurance, transportation, food, clothing, shelter for self and newborn).</p> <p>47. Relationship discord or absence of a support person.</p> |
|--|---|

Health Education

- | | |
|---|--|
| <p>16. Substance fears regarding damage prescription, over-the-counter, and street drugs; home remedies).</p> <p>17. HIV risk status</p> <p>18. Noncompliance with medical advice</p> <p>19. Failed appointments</p> <p>20. Age less than 17 or greater than 35</p> <p>21. Late initiation of prenatal care</p> <p>22. Primagravida or multi-gravida with five or more.</p> <p>23. Previous pregnancy problems</p> <p>24. Nutrition status</p> <p>25. Occupational risk</p> <p>26. Diabetes</p> <p>27. Hypertension</p> <p>28. Cardiovascular problems</p> <p>29. Hepatitis</p> <p>30. Tuberculosis</p> <p>31. STD history</p> <p>32. Uterine problems</p> <p>33. Kidney problems</p> <p>34. Pulmonary disease</p> <p>35. Epilepsy</p> <p>36. Blood problems</p> <p>37. Preterm labor</p> <p>38. Preeclampsia</p> | <p>39. Mental disabilities</p> <p>40. Physical disabilities (speech problems, severe hearing or vision problems).</p> <p>41. Inability to read or write or low reading level</p> <p>42. Incompatible language between client and provider.</p> <p>43. Low education level</p> <p>44. Low motivation or interest</p> <p>45. Negative attitude about pregnancy</p> <p>46. Little or no experience with U.S. health care</p> <p>47. Lack of social support structure</p> <p>48. Inability to reach decisions or comprehensive difficulties.</p> <p>49. Extreme anxiety or emotional problem (fear, denial, excessive shyness).</p> <p>50. Conflict scheduling class times</p> <p>51. Transportation</p> <p>52. Family problems/abuse</p> <p>53. Economic/housing problems</p> |
|---|--|

Informed Consent Needs regarding any medical procedures or tests about which the client will need education and counseling.

Combination of other medical conditions, behaviors, barriers to learning and/or other factors.

